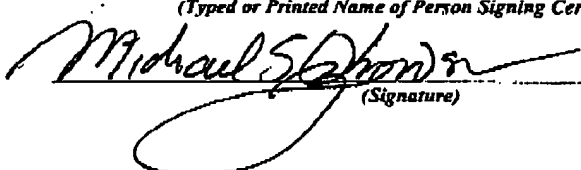



JP

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Yasushi KOHNO et al.			Docket No. 121056-009
Serial No. 09/837,020	Filing Date April 18, 2001	Examiner Andrea Valenti	Group Art Unit 3643
Invention: METHOD OF PREVENTING DEFECTIVE GERMINATION OR GROWTH OF PLANT			
<p>I hereby certify that this <u>Amendment, Amendment Transmittal and Notice of Appeal</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9327</u>)</p> <p>on <u>September 23, 2003</u> (Date)</p> <p>Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p> <p>OFFICIAL</p> <p>Note: Each paper must have its own certificate of mailing.</p> <p>RECEIVED CENTRAL FAX CENTER SEP 25 2003</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 121056-009	
Applicant(s): Yasushi KOHNO t al.					
Serial No. 09/837,020	Filing Date April 18, 2001	Examiner Andrea Valenti		Group Art Unit 3643	
Invention: METHOD OF PREVENTING DEFECTIVE GERMINATION OR GROWTH OF PLANT					
<u>TO THE COMMISSIONER FOR PATENTS:</u>				OFFICIAL	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
RECEIVED CENTRAL FAX CENTER SEP 25 2003					
 Signature			Dated: September 23, 2003		
Filed via facsimile transmission.					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
CC:					

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES (Large Entity)**Docket No.
121056-009

In Re Application Of: Yasushi KOHNO et al.

Serial No.
09/837,020Filing Date
April 18, 2001Examiner
Andrea ValentiGroup Art Unit
3643

Invention:

METHOD OF PREVENTING DEFECTIVE GERMINATION OR GROWTH OF PLANTTO THE COMMISSIONER FOR PATENTS:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated _____ finally rejecting Claim(s) _____

The fee for this Notice of Appeal is: \$0.00

- ☐ A check in the amount of the fee is enclosed.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____


Signature

Dated: September 23, 2003

Filed via facsimile transmission.

Note: Notice of Appeal was originally filed April
No additional fee is required for this Notice.

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

cc: